

County: Winnebago
 EVERGREEN HEALTH CENTER
 1130 NORTH WESTFIELD

Facility ID: 3130

Page 1

OSHKOSH 54903 Phone:(920) 233-2340
 Operated from 1/1 To 12/31 Days of Operation: 365
 Operate in Conjunction with Hospital? No
 Number of Beds Set Up and Staffed (12/31/03): 108
 Total Licensed Bed Capacity (12/31/03): 108
 Number of Residents on 12/31/03: 103

Ownership: Non-Profit Corporation
 Highest Level License: Skilled
 Operate in Conjunction with CBRF? Yes
 Title 18 (Medicare) Certified? Yes
 Title 19 (Medicaid) Certified? Yes
 Average Daily Census: 105

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/03)				Length of Stay (12/31/03)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		16.5
Supp. Home Care-Personal Care	No					1 - 4 Years		35.0
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	1.0	More Than 4 Years		28.2
Day Services	No	Mental Illness (Org./Psy)	21.4	65 - 74	1.0			----
Respite Care	Yes	Mental Illness (Other)	1.9	75 - 84	31.1			79.6
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	51.5	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	15.5	Full-Time Equivalent		
Congregate Meals	No	Cancer	0.0		----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/03)		
Other Meals	No	Cardiovascular	13.6	65 & Over	99.0	-----		
Transportation	No	Cerebrovascular	13.6		-----	RNs		13.3
Referral Service	No	Diabetes	3.9	Gender	%	LPNs		4.9
Other Services	Yes	Respiratory	1.9		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	43.7	Male	18.4	Aides, & Orderlies		
Mentally Ill	No		----	Female	81.6			
Provide Day Programming for			100.0		----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

		Medicare (Title 18)		Medicaid (Title 19)		Other		Private Pay		Family Care		Managed Care						Total Resi- dents	% Of All
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%		
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Skilled Care	8	100.0	289	35	97.2	119	0	0.0	0	59	100.0	177	0	0.0	0	0	0.0	102	99.0
Intermediate	---	---	---	1	2.8	99	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	1	1.0
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Total	8	100.0		36	100.0		0	0.0		59	100.0		0	0.0		0	0.0	103	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/03				

Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total Number of
Private Home/No Home Health	12.0	Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	0.0	85.4	14.6	103
Other Nursing Homes	3.4	Dressing	8.7	76.7	14.6	103
Acute Care Hospitals	67.5	Transferring	22.3	67.0	10.7	103
Psych. Hosp.-MR/DD Facilities	0.0	Toilet Use	20.4	68.9	10.7	103
Rehabilitation Hospitals	0.0	Eating	70.9	19.4	9.7	103
Other Locations	17.1	*****				
Total Number of Admissions	117	Continence		%	Special Treatments	%
Percent Discharges To:		Indwelling Or External Catheter	5.8		Receiving Respiratory Care	10.7
Private Home/No Home Health	19.5	Occ/Freq. Incontinent of Bladder	46.6		Receiving Tracheostomy Care	0.0
Private Home/With Home Health	3.4	Occ/Freq. Incontinent of Bowel	28.2		Receiving Suctioning	0.0
Other Nursing Homes	1.7				Receiving Ostomy Care	2.9
Acute Care Hospitals	9.3	Mobility			Receiving Tube Feeding	1.0
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	1.9		Receiving Mechanically Altered Diets	23.3
Rehabilitation Hospitals	0.0					
Other Locations	24.6	Skin Care			Other Resident Characteristics	
Deaths	41.5	With Pressure Sores	2.9		Have Advance Directives	99.0
Total Number of Discharges		With Rashes	2.9		Medications	
(Including Deaths)	118				Receiving Psychoactive Drugs	54.4

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Nonprofit Peer Group %	Ratio	Bed Size: 100-199 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	97.2	92.0	1.06	87.6	1.11	88.1	1.10	87.4	1.11
Current Residents from In-County	72.8	85.9	0.85	83.0	0.88	82.1	0.89	76.7	0.95
Admissions from In-County, Still Residing	25.6	22.1	1.16	19.7	1.30	20.1	1.27	19.6	1.31
Admissions/Average Daily Census	111.4	138.9	0.80	167.5	0.67	155.7	0.72	141.3	0.79
Discharges/Average Daily Census	112.4	139.5	0.81	166.1	0.68	155.1	0.72	142.5	0.79
Discharges To Private Residence/Average Daily Census	25.7	64.3	0.40	72.1	0.36	68.7	0.37	61.6	0.42
Residents Receiving Skilled Care	99.0	96.1	1.03	94.9	1.04	94.0	1.05	88.1	1.12
Residents Aged 65 and Older	99.0	96.4	1.03	91.4	1.08	92.0	1.08	87.8	1.13
Title 19 (Medicaid) Funded Residents	35.0	55.4	0.63	62.7	0.56	61.7	0.57	65.9	0.53
Private Pay Funded Residents	57.3	32.6	1.76	21.5	2.67	23.7	2.42	21.0	2.73
Developmentally Disabled Residents	0.0	0.6	0.00	0.8	0.00	1.1	0.00	6.5	0.00
Mentally Ill Residents	23.3	36.2	0.64	36.1	0.65	35.8	0.65	33.6	0.69
General Medical Service Residents	43.7	24.3	1.79	22.8	1.91	23.1	1.89	20.6	2.13
Impaired ADL (Mean)	44.1	50.5	0.87	50.0	0.88	49.5	0.89	49.4	0.89
Psychological Problems	54.4	58.5	0.93	56.8	0.96	58.2	0.93	57.4	0.95
Nursing Care Required (Mean)	5.5	6.8	0.80	7.1	0.77	6.9	0.79	7.3	0.75